

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

| | | | | | | | | |
|---|-----------------------|---------------------|--|-----------------------|--------------------|---|---|----------------|
| 1. DRIVER'S INFORMATION Driver completes this section | | | | | | | | |
| Driver's Name (Last, First, Middle) | | Social Security No. | | Birthday M/D/Y | Age | Sex <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> New certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow Up | Date of Exam |
| Address | City, State, Zip Code | | Work Tel: () Home Tel: () | | Driver License No. | | License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other | State of Issue |
| 2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver | | | | | | | | |
| Yes No <input type="checkbox"/> <input type="checkbox"/> Any illness or injury in last 5 years? <input type="checkbox"/> <input type="checkbox"/> Head/Brian injuries, disorders or illness <input type="checkbox"/> <input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) <input type="checkbox"/> <input type="checkbox"/> Ear disorders, loss of hearing or balance <input type="checkbox"/> <input type="checkbox"/> Heart Disease or heart attack; other cardiovascular condition <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) <input type="checkbox"/> <input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Muscular disease <input type="checkbox"/> <input type="checkbox"/> Shortness of breath | | | Yes No <input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> <input type="checkbox"/> Kidney disease, dialysis <input type="checkbox"/> <input type="checkbox"/> Liver disease <input type="checkbox"/> <input type="checkbox"/> Digestive problems <input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g. sever depression <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness | | | Yes No <input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness <input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring <input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis <input type="checkbox"/> <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe. <input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use | | |
| For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently. <hr/> <hr/> <hr/> | | | | | | | | |

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature

Date

Medical Examiners Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION

Standard: At least 20/40 vision acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give text results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

| ACUITY | UNCORRECTED | CORRECTED | HORIZONTAL FIELD OF VISION |
|-----------|-------------|-----------|---------------------------------|
| Right Eye | 20/ | 20/ | Right Eye <input type="radio"/> |
| Left Eye | 20/ | 20/ | Left Eye <input type="radio"/> |
| Both Eyes | 20/ | 20/ | <input type="radio"/> |

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☐ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses

Monocular Vision: ☐ Yes ☐ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel No.

License No./State of issue

Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice > 5 ft., with or without hearing aid, or b) average hearing loss in better ear < 40 dB

☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, - 14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

| | | |
|--|-----------|----------|
| a) Record distance from individual at which forced whispered voice can first be heard. | Right Ear | Left Ear |
| | Feet | Feet |

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI- Z24.5-1951)

| Right Ear | | | Left Ear | | |
|-----------|--------|--------|----------|--------|--------|
| 500 Hz | 1000Hz | 2000Hz | 500 Hz | 1000Hz | 2000Hz |
| Average: | | | Average: | | |

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded.

GUIDELINES FOR BLOOD PRESSURE EVALUATION

| | | |
|----------------|----------|-----------|
| Blood Pressure | Systolic | Diastolic |
|----------------|----------|-----------|

Driver qualified if < 160/90 on Initial exam.

| | |
|------------|------------------------------------|
| Pulse Rate | <input type="checkbox"/> Regular |
| | <input type="checkbox"/> Irregular |

On initial exam

If 161-180 and/or 91-104, Qualify 3 mos. only

If > 180 and/or 104, not qualified until reduced to < 181/105. Then qualify for 3 mos. only.

Within 3 months

If < 160 and/or 90, Qualify for 1 yr. Document Rx & control the 3rd month

If < 160 and/or 90, Qualify for 6 mos. Document Rx & control the 3rd month

Certify

Annually if acceptable BP is maintained

Biannually

Medical examiner should take at least 2 readings to confirm blood pressure.

6. LABORATORY AND OTHER TEST FINDINGS.

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

| | | | | |
|----------------|---------|---------|-------|-------|
| URINE SPECIMEN | SP. GR. | PROTEIN | BLOOD | SUGAR |
|----------------|---------|---------|-------|-------|

7. PHYSICAL EXAMINATION

Height : _____ (in) Weight: _____ (lbs)

The presence of a certain conditions may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.
See *Instructions To The Medical Examiner* for guidance.

| BODY SYSTEM | CHECK FOR: | YES | NO | BODY SYSTEM | CHECK FOR: | YES* | NO |
|--|---|-----|----|--|---|------|----|
| 1. General Appearance | Marked overweight, tremor, signs of alcoholism, problem drinking, or drug use. Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration. Middle ear disease, occlusion of external canal, perforated eardrums. Irremediable deformities likely to interfere with breathing or swallowing. Murmurs, extra sounds, enlarged heart, pacemaker. Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest. | | | 7. Abdomen and Viscera | Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness. | | |
| 2. Eyes | | | | 8. Vascular system | Abnormal pulse and amplitude, carotid, or arterial bruits, varicose veins. | | |
| 3. Ears | | | | 9. Genito-urinary system | Hernias | | |
| 4. Mouth and Throat | | | | 10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified. | Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly. | | |
| 5. Heart | | | | 11. Spine, other musculoskeletal. | Previous surgery, deformities, limitations of motion, tenderness. | | |
| 6. Lungs and chest not including breast examination. | | | | 12. Neurological | Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia. | | |

*Comments: _____

Note certification status here. See Instructions to the Medical Examiner for guidance.

☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate☐ Does not meet standards☐ Meets standards, but periodic evaluation required.

Due to _____ driver qualified only for:

☐ 3 months ☐ 1 year☐ 6 months ☐ Other☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

☐ Wearing corrective lenses☐ Wearing hearing aid☐ Accompanied by a _____ waiver/exemption☐ Skill Performance Evaluation (SPE) Certificate☐ Driving within an exempt intracity zone.☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature: _____

Medical Examiner's Name (print): _____

Address _____

Telephone Number _____

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). Driver must carry certificate when operating a commercial vehicle.)